



1st 2617 #

Attorney Docket No. 915-006.079
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of:

Olli RANTAPUSKA : Confirmation No.: **5305**

Application Serial No.: **10/533,250** : Examiner: **Huy C. HO**

Filing Date: **April 29, 2005** : Group Art Unit: **2617**

Title: *Method and Device for Simulating a Communication on a Terminal Device*

Mail Stop – AMENDMENT
Commission for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

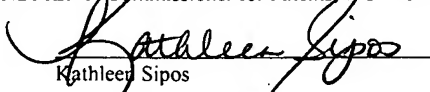
**REQUEST FOR RECONSIDERATION OF
NON-FINAL OFFICE ACTION**

Sir:

In response to the Office Action of July 30, 2007, please reconsider the rejections in view of the following remarks:

CERTIFICATE OF MAILING

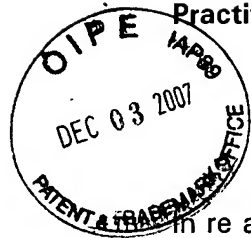
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:
Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450


Kathleen Sipos
Dated: Nov 30, 2007

12/03/2007 TNGUYEN2 00000027 10533250

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Olli RANTAPUSKA

Application No.: 10/533,250

Group No.: 2617

Filed: April 29, 2005

Examiner: Huy C. HO

For: METHOD AND DEVICE FOR SIMULATING A COMMUNICATION ON A TERMINAL
DEVICE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
- ☐ a small entity. A statement:
- ☐ is attached.
- ☐ was already filed.
- ☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is, on the date shown below, being:

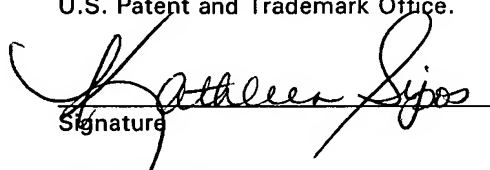
MAILING

☒ deposited with the United States Postal Service with sufficient postage as first-class mail, in an envelope addressed to the Director, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450

FACSIMILE

☐ transmitted by facsimile to the U.S. Patent and Trademark Office.

Date: November 30, 2007


Signature

Kathleen Sipos
(type or print name of person certifying)

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. §1.645 for extensions of time in interference proceedings, and 37 C.F.R. §1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. §1.136 (fees: 37 C.F.R. §1.17(a)(1)-(4)) for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input checked="" type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00

Fee: \$ 120.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

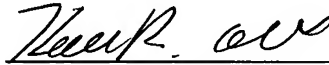
FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986 (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-0442.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 23-0442.



Signature of Practitioner

Reg. No.: 58,051

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Monroe, CT 06468

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE	FEE	OR	ADDIT. RATE	FEE
TOTAL: 18 MINUS 20	= 0	x \$25 = \$				x \$ 50 = \$	
INDEP: 4 MINUS 4	= 0	x \$100 = \$				x \$200 = \$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180 = \$		+ \$360 = \$	
			TOTAL ADDL. FEE	\$		TOTAL ADDL. FEE	\$

WARNING: "After final rejection or action (§1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. §1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required is \$_____.

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 120.00.
- ☐ Authorization is hereby made to charge the amount of \$ _____.
- ☐ to Deposit Account No. _____.
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038